

ABC CHILD CARE
VOUCHER PROGRAM

**SELF-ARRANGED/
IN-HOME CARE
PROVIDER BUSINESS
PROCEDURES**

South Carolina
Department of Social Services
1-800-262-4416

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READ THIS

These instructions are to help you, the provider, with the way to get paid, records you must keep and records you must send to the ABC Child Care Program, hereafter referred to as the ABC Program. The South Carolina Department of Social Services may change these instructions. If instructions are changed you will be sent a notice by mail. Once you have been sent changes in writing you will be responsible for making the changes.

YOU, THE PROVIDER, MUST READ THESE INSTRUCTIONS SO YOU UNDERSTAND WHAT YOU MUST DO TO BE PAID BY THE ABC PROGRAM.

IF YOU NEED HELP AT ANYTIME CALL 1-800-262-4416.

INSTRUCTIONS

I. When a Client Chooses You

(What to do when you are going to care for a child and be paid by the ABC Program)

Clients must choose who will keep their child. This is only one way you may be contacted to serve a child. You will complete the forms with the DSS Support Services Specialist (SSS). The following steps must be taken if a client chooses you to care for their child:

- 1) The SSS will call you to set up a time to meet with you and the parent to fill out all the paperwork.
- 2) Together with the parent you will complete these forms:
 - Parent Certification/Provider Assurance Form
 - Non-Regulated Provider Enrollment Form
 - Non-Regulated Care Provider Agreement
 - W-9 Form and
 - Health and Safety Compliance Grant Request, if needed.
- 3) The SSS will make sure the forms are correct and send them, along with a copy of your social security card and driver's license or picture identification card, to the ABC Voucher Control Center, then you can care for the child(ren).
- 4) You must submit a Connection Card to the ABC Program in order to get payment started. Once the ABC Program has received the card, you will be notified by mail indicating the start and stop dates for the child(ren) you are caring for.

IMPORTANT NOTICE: If the parent does not bring the child to you to keep, you must call the ABC Control Center right away at 1-800-262-4416.

II. HOW MANY WEEKS OF CARE A CHILD GETS

A child can get up to one year (52 weeks) of care. This can be all full-time care, all part-time care or some of both full-time and half-time care or less than half-time.

III. WHEN A CHILD IS ABSENT

- 1) A child can be absent no more than 31 days a year. Children who get less than a year of child care will receive less days they can be absent based on the number of weeks of care they receive.
- 2) The ABC Program will pay the weekly rate for the child when they are absent.

- 3) When a child has exceeded the allowable absences, the child may be terminated by the ABC Program without notice. You and the parent will be sent a letter if the child is terminated. You will not be paid for any care you provide to the child after the week the child is terminated.
- 4) If a child does not attend, you should write the absences on the Service Voucher Log (SVL).
- 5) If a child misses 10 consecutive days, you must not ask to be paid if the child does not return on the 11th day, and you must notify the ABC Control Center. If the child comes back on the 11th day, you may ask to be paid for the 10 days they missed and put the 10 days absences on the SVL. If the child does not come back on the 11th day, you should indicate that the child has dropped and note in the "Comments" section of the SVL what date they last attended.

IV. HOW YOU GET PAID

You must send in the SVL in order to be paid.

- 1) Your SVL will be mailed to you from the ABC Program. The SVL will have the names and Social Security numbers of the clients you care for and other information to help in paying you.
- 2) As soon as you get the SVL, check it carefully, and make corrections if needed. Then sign and mail the original (top) copy of the SVL back as soon as possible to avoid payment delays. It can be mailed any day of the week.
- 3) Payment will be after a start date is given for each child.
- 4) If a child misses a week due to vacation, illness, etc., you may ask to be paid for the week and write down the absences on the SVL after the child returns.
- 5) If you are not able to care for the child(ren) for a week, do not ask to be paid for that week. The child may need to go to another child care provider and the ABC Program will not pay two child care providers for the same week of care. You must contact the ABC Control Center at 1-800-262-4416 with this information.
- 6) If you check the SVL and complete it correctly the first time, you should be paid within 10-14 working days after the ABC Control Center receives your signed SVL.
- 7) When you get your check, your next SVL will come with it and a "Remittance Advice" that tells you which child has been paid for or if you have not been paid for a child.
- 8) When you stop caring for a child, the SVL will stop.
- 9) You must keep a copy of the SVL for your records to compare with the "Remittance Advice" to be sure you have been paid.

V. CLIENTS MUST PAY A FEE

You must collect client fees and keep a record. The ABC Program will not collect or pay client fees.

- 1) The client fee should be collected weekly.
- 2) You must give the client a receipt.
- 3) You must keep a record when parents pay fees.
- 4) Clients who participate in the Family Independence Program do not pay fees.

VI. CLIENTS CAN MOVE OR TRANSFER

Clients may move from you to another provider or from another provider to you.

- 1) Clients should tell you and the ABC Control Center seven working days before moving their child.
- 2) If needed, clients may be allowed to move without notice. The ABC Control Center will contact you if the parent is approved to move.
- 3) If the client is approved to move, the ABC Control Center will tell the client when to move to another provider and give them a start date for the new provider. You will receive a "Transfer Letter" telling you the child has moved.
- 4) You will not be paid after the start date is given for the new provider. **The ABC Program will not pay two providers for the same week.**
- 5) If a client wants to move to you from another provider, you and the parent must go see the DSS SSS to fill out the forms and get approval to start care.

VII. YOU MUST KEEP RECORDS

You must keep all letters and forms for up to three years or until any required audits are done. If an audit is in progress, records must be kept until the audit is complete.

- 1) Attendance Records
 - a. You must keep attendance records for each child.
 - b. Your records must be the same as the absences on the SVL for the same week of care.
 - c. If the child is absent after you mail in the SVL, you must write down the absences on the next SVL you receive.
- 2) Fee Receipts
 - a. You must give a receipt to the client when they pay fees.
 - b. Your records must show that client fees are collected on time.

VIII. TERMINATION OF CLIENTS

- 1) If You Terminate

You must tell the clients and the ABC Control Center **(1-800-262-4416)** before terminating a client from the program.

 - a. You must let them know the reason for termination such as parent will not pay fees or too many absences.
 - b. The termination date must be the last day of the service week, Sunday.
 - c. You should let the parents know, in writing, at least three days before you stop caring for the child.
 - d. Clients should be allowed to finish any week that you have asked to be paid for on the SVL.
- 2) If the ABC Control Center Terminates

The ABC Control Center may terminate a client's services without notice. If a client is terminated, you will receive a telephone call and a letter to let you know the last date the ABC Program will pay.

 - a. The letter will state the date of termination and the reason for the termination.

IX. PAYMENT PROBLEMS

If you check the SVL and make sure everything is correct, it should take no longer than 10 to 14 working days from the date we get your SVL for you to get your check. **You must wait until after the 14th working day before calling about your check.**

- 1) You will get a "Provider Remittance Advice" with each check.
- 2) The "Provider Remittance Advice" will tell you the client, child, voucher number and the amount you are paid for each child making up the check total.
- 3) You should check the "Provider Remittance Advice" against your copy of the SVL to make sure that you have been paid the correct amount.
- 4) The "Provider Remittance Advice" also tells you any child you were not paid for and the reason.
- 5) Call the ABC Control Center (1-800-262-4416) if you have any questions or payment problems.

X. CHANGES TO YOUR NON-REGULATED PROVIDER INFORMATION FORMS

- 1) Adding An Age Group
 - You can ask to add another age group to your file so you can be approved to care for another child. To do this, you must contact the DSS SSS.
- 2) If You Become Licensed or Registered by DSS
 - You must call the ABC Control Center at 1-800-262-4416 if you become licensed or registered by the State Department of Social Services.
- 3) If Your Name Changes
 - To avoid possible payment delays, you must call the ABC Control Center if your name changes and you will also need to complete a new W-9 Form.
- 4) If You Move or Your Address or Telephone Number Change
 - To avoid possible payment delays, you must contact the ABC Control Center as soon as possible, but no later than 15 days before you move. Address changes must be submitted in writing and the following information is required:
 - a. Your Printed Name
 - b. Your Social Security Number
 - c. Your Old Address
 - d. Your New Address
 - e. Your Signature

GLOSSARY

Definitions are given to make sure that you understand the program.

ABC Child Care Control Center

The automated management system with toll-free numbers available to handle child care applications, funding and connecting and to provide assistance to clients and providers.

- Providers call: **1-800-262-4416** with any questions.
- Parents call: **1-800-476-0199** with any questions.

Absences

When the child is **not** present and in your care during a week.

Authorized Service Period

The approved time frame that you are to care for a child.

Billing Rate

The weekly rate you are paid to keep a child, minus any applicable client fee.

Care Type

The age groups (or care types) 0-2, 3-5, and 6-12 you have been approved to serve. You cannot care for children or be paid from the ABC Program for service in a care type in which you have not been approved.

Child

The recipient of child care services.

Child Name

The first name of the child.

Child Number

This is the client's Social Security number plus the two digit code 01, 02, etc., given to each child. **You should never change the assigned child number.**

Client

A person who has been approved to get child care.

Client Fee

That portion of your weekly rate paid to you by the client.

Client Number

The client's Social Security number.

Client Termination

Action taken when the client or child is no longer eligible for services. Once you are told that the client or child is terminated, you are not eligible for payment for services.

Connection

Any child with a start and stop date in the ABC Child Care Voucher System.

Department of Social Services (DSS)

The state agency responsible for implementation of the Welfare Reform, Family Independence Program.

Effective Date of Termination

The date a client or child no longer qualifies to receive child care.

End Date

The last date of service to a child.

Full-Time Care

Thirty or more hours of child care provided during one week.

Half-Time Care

Less than thirty hours, but more than 15 hours, of child care provided during a week.

In-Home Care

A neighbor, relative or friend who cares for children in the client's home, but is not required to meet regulatory requirements.

Provider Identification Number

The Social Security number of the provider. This number identifies the provider for purposes of payment, tracking and reporting in the ABC Program.

Provider Remittance Advice

The document that comes with each check and tells the client, child(ren), voucher number and amount paid for each child.

Self Arranged Care Provider (SAC)

A neighbor, relative or friend who cares for children in their home, but is not required to meet regulatory requirements.

Service Unit

One week of child care (Monday - Sunday). A service unit may be for half-time or full-time child care.

Service Voucher Log (SVL)

The payment document used to process payments to providers for eligible clients.

Start Date

The date you are approved to begin caring for a child.

Support Services Specialist (SSS)

The DSS worker who helps parents and providers to fill out all the forms for self-arranged care.

Termination

The client or child no longer qualifies to receive child care.

Week

Monday through Sunday.

INSTRUCTIONS FOR COMPLETING THE SVL

The information on the SVL comes from the information in the ABC Program. The SVL is designed so that you will do as little writing as possible.

- You must check over each SVL and write down any corrections and write in the absences.
- You must sign and date the SVL before mailing it back.
- You must tear off the first copy of the SVL and mail it in the envelope enclosed to the address at the bottom of the page. You must keep a copy for your records to check against the "Provider Remittance Advice."
- If you plan to be closed for a week or more, you must notify the ABC Control Center at least one month in advance. You can notify the ABC Control Center now by making a note on your SVL, calling the ABC Control Center at 1-800-262-4416, or by sending a letter to the ABC Control Center, P.O. Box 100160, Columbia, S.C. 29202-3160, **ATTENTION: Provider Team.**

PLEASE NOTE: Following these instructions will help avoid payment delays.

These terms are found on the SVL Form. The numbers and explanations correspond with the numbers on the attached sample SVL.

- 1) **SVL NUMBER:** The number assigned to that specific SVL by the ABC Program.
- 2) **INVOICE DATE:** Date when the SVL was actually generated/printed. The SVL includes any information that was in the ABC Child Care Voucher System before that date. Any corrections or changes made on or after the invoice date will appear on the next SVL.
- 3) **PROVIDER NAME:** The provider name that is in the system.
- 4) **PROVIDER NUMBER:** The provider's FEIN # or Social Security # that is in the system.
- 5) **CLIENT:** The first initial and the last name of the client. Check to make sure name is correct. If it is incorrect, draw a line through the incorrect name and rewrite the whole name correctly. It is unnecessary to correct each line if the client's name appears more than once. One correction is all that is necessary.
- 6) **CLIENT NUMBER:** The client's Social Security number. If it is incorrect, draw a line through the incorrect number and rewrite the correct number. It is unnecessary to correct each line if the client's name appears more than once. One correction is all that is necessary.
- 7) **CHILD:** The first name of the child. If it is incorrect, draw a line through the incorrect name and rewrite the correct name. It is unnecessary to correct each line if the client's name appears more than once. One correction is all that is necessary.
- 8) **CHILD NUMBER:** The number assigned by the ABC Control Center for each child of the client.
- 9) **WEEKS TO BE PAID:** This is the beginning date and the ending date for the week the provider will be paid. Each week will appear on a separate line. The payment week begins on Monday and ends on Sunday. If the child was not served during one of the weeks shown, draw a line through the child's name, week(s), and weekly rate, **not the Client Social Security number.**

AN EXPLANATION MUST BE ENTERED IN THE "COMMENTS" SECTION FOR THE CHANGE TO BE MADE, i.e., child was out sick, child has transferred to another center or child no longer attends. A date must be entered to accompany the explanation if the child was sick or transferred to another provider.

- 10) **WEEKLY RATE:** This is the amount you will be paid by the ABC Program for each child per week. If the rate is not correct, draw a line through each incorrect rate and write in the correct amount. Keep in mind that the weekly rate is the provider's rate minus the client fee, and possibly the second child discount, if applicable. **AN EXPLANATION MUST BE ENTERED IN THE "COMMENTS" SECTION FOR THE CHANGE TO BE MADE, i.e., rate reflects half-time or full-time rate.** If the provider's rates have changed (i.e., increased or decreased), the provider must notify the DSS SSS. Do not write the new rates on the SVL in this case.

- 11) **REGISTRATION FEE: (Reg. Fee)** – SAC/IHC providers are not eligible to receive registration fees.
- 12) **ABSENCES:** Write in the number of days the child was absent on the line containing the child's name for the week in which the absence(s) occurred. If the child was not absent during the week, enter "0." If mailing the SVL back before the weeks on the SVL have passed, it will not be known how many days the child will be absent. Therefore, record a "0" and report the absences for that week on the next SVL submitted. It is extremely crucial to accurately report ALL absences. **AN EXPLANATION MUST BE ENTERED IN THE "COMMENTS" SECTION, i.e., child was sick and the date(s).** Recording the dates helps the provider to know which absences have been reported.
- 13) **COMMENTS:** Use this section to explain changes or corrections made to the SVL. Some further hints are:
- a. If a child was terminated/dropped from the facility **after** the week listed on the SVL, write "dropped" in the COMMENTS Section and give the date.
 - b. If a child was terminated/dropped from the facility **prior to** the week listed on the SVL, and is no longer enrolled, draw a line through the child's name (not SSN) so you don't receive payment for that week(s). Write "dropped" in the COMMENTS Section and give the date.
 - c. If a child has never attended the facility, draw a line through the child's name (not SSN). Write "never attended" in the COMMENTS Section.
 - d. If a child transferred to another provider **after** the week(s) listed on the SVL, write "transferred" in the COMMENTS Section and give the date. If the provider has more than one site enrolled and the child transferred to another of the provider's sites, write "transferred to (give the name of the facility, address and FEIN number)" and date of transfer in the COMMENTS Section.
 - e. If a child has transferred to another provider prior to the week listed on the SVL, and is no longer enrolled at the facility, draw a line through the child's name (not SSN) and all weeks(s) that the child did not attend. Write "transferred" in the COMMENTS Section and give the date. If the provider has more than one site enrolled and the child transferred to another of the provider's sites, write "transferred to (give the name of the facility, address and FEIN number)" and give the date of transfer in the COMMENTS Section.
 - f. If the provider has more than one site enrolled, and a child is listed on one of the site's SVL, but actually goes to another of the provider's sites, draw a line through the client's name (not SSN) and the week(s) the child did not attend. Write "now attending." (Give the name of the facility, address and FEIN number) and date child started attending that site. **EXAMPLE:** Provider has ABC Day Care and ABC Learning Center. Child is showing on the SVL for ABC Day Care, but actually attends the ABC Learning Center. Then the provider must note on the SVL as indicated above to let the ABC Control Center know to connect the child to the correct facility.
- 14) **SIGNATURE AND DATE:** The person authorized by the provider to sign for the program must sign and date the SVL. This signature verifies the accuracy of the information, including any changes that have been made. Unsigned SVLs will be returned.
- 15) **PREPARED BY, DATE & TELEPHONE NUMBER:** Enter the name and telephone number of the person completing the SVL, and the date completed. Incomplete SVLs will be returned and thus payment will be delayed.
- 16) Provider sends SVL to the address shown on the bottom right hand corner of the SVL (a self-addressed postage paid envelope is provided). Provider **MUST** send the original and a copy.

South Carolina Department of Social Services
ABC Child Care Voucher System
SERVICE VOUCHER LOG
SAMPLE

CC4000

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SVL Number: 19970416

Date: 02/08/01

Owner's Name: HAPPY LAND DAY CARE

Provider Number: 57-6000000

	Client Name	Client SSN	Child Name	Child Number	Weeks To Be Paid		Weekly Rate	Reg. Fee	Absences	Comments
					From	To				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

PAGE TOTAL: \$ _____

TOTAL: \$ _____

Signature: _____ Date: _____

Prepared By: _____ Date: _____ Telephone: _____

Send Original and a Copy of Each Page To: SVL

Child Care Expenditures
S.C. Department of Social Services
P.O. Box 100205
Columbia, SC 29202

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND SERVICES WERE PROVIDED IN ACCORDANCE WITH MY PROVIDER AGREEMENT.